



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 JAN 18 P 3:05

Fill in dates:

Reporting Period Beginning

Month

Date

Year

2010

Ending

Month

Date

Year

12 31 2010

Type of report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Dennis Michael Sullivan

Full Name of Candidate (if applicable)

Aldermen - At - Large

Office Sought and District

138 Ten Hills Rd, Somerville MA 02145

Residential Address

617-628-1857

Tel. No. (optional)

CTE Dennis Michael Sullivan

Committee Name

HANORIA SULLIVAN

Name of Committee Treasurer

8 Florence St. Somerville MA 02145

Committee Mailing Address

617-628-0197

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 797.11

Line 2: Total receipts this period (page 2, line 11)

\$ 250.00

Line 3: Subtotal (line 1 plus line 2)

\$ 1047.11

Line 4: Total expenditures this period (page 3, line 14)

\$ 895.00

Line 5: Ending balance (line 3 minus line 4)

\$ 152.11

Line 6: Total in-kind contributions this period (page 4)

\$ 0.00

Line 7: Total (all) outstanding liabilities (page 4)

\$ (4,500.00) (H)

Line 8: Name of bank(s) used

Somerville Municipal Federal Credit Union

4750.00

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Hanoria Sullivan

Treasurer's signature (in ink)

Date

1/15/11

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Dennis Michael Sullivan

Candidate signature (in ink)

Date

1/15/11

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/1/10	Dennis Michael Sullivan 138 Ten Hills Rd Somerville	250 -	Sgt., MA Dept of Corrections (campaign 1041)
Line 9: Total receipts in excess of \$50 (or listed above)		—	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		250 -	

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
1/17/10	Matignon H/S Cambridge MA	CAMBRIDGE, MA	Charitable cont.	\$100	—
2/2/10	SHS BlueLiners	Somerville, MA	" "	\$50	—
2/18/10	Somerville Kiwanis HAITI Relief	" "	" "	\$30	—
2/24/10	Boston Archdiocese Choir	Boston, MA	" "	\$50	—
3/9/10	Dunkin Donuts	Somerville MA	Coffee + Donuts for Senior meetings	\$50	—
3/9/10	East Somerville Main Streets	" "	Charitable	\$25	—
6/12/10	Somerville Post 19	" "	"	\$35	—
7/5/10	Police + Kids	Somerville MA	"	\$135	—
7/15/10	Somerville Fire Fighters Scholarship	" "	"	\$135	—
7/22/10	John's Team	Ticket, MA 02536	" "	\$100	—
7/22/10	OPEN AIR Circus	Somerville MA	" "	\$60	—
9/15/10	Som DDG	" "	" "	\$25	—
10/7/10	Somerville Chamber of Comm	" "	SPONSOR HOLE at charitable town.	\$100	—
Line 12: Expenditures over \$50				—	—
Line 13: Expenditures \$50 and under*				—	—
Line 14: TOTAL EXPENDITURES				895	—

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line-12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

N/A

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6				Line 15: In-kind over \$50
				Line 16: In-kind \$50 and under
				Line 17: Total In-kind

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
From Previous Report	Dennis Michael Sullivan	138 Ten Hills Rd Somerville, 02145	CAMPAIGN LOAN	\$4,500. ⁰⁰ / xxx
5/1/10	" " "	" " "	" "	250. ⁰⁰ / xxx
Enter on page 1, line 7				Line 18: OUTSTANDING LIABILITIES (ALL)

4,500.⁰⁰/~~xxx~~ (45)
4,750.⁰⁰/~~xxx~~